

CITY COUNCIL AGENDA ITEM COVER MEMO

Agenda Item Number: _____

Meeting Type: Regular

Meeting Date: Jan 22, 2015

Action Requested By: Fire and Rescue

Agenda Type: Resolution

Subject Matter:

Approval of Travel Expenses

Exact Wording for the Agenda:

Resolution authorizing travel expenses for Huntsville Fire and Rescue

Note: If amendment, Please state title and number of the original

Item to be considered for: Action

Unanimous Consent Required: No

Briefly state why the action is required; why it is recommended; what council action will provide, allow and accomplish and; any other information that might be helpful.

The National Fire Academy funds this training with the exception of the meal ticket.

Associated Cost: \$300.48

Budgeted Item: Yes

MAYOR RECOMMENDS OR CONCURS: Yes

Department Head: AWM = Fale J

Date: Jan 9, 2015

RESOLUTION NO. 15-_____

**APPROVAL OF TRAVEL EXPENSES
FOR CITY OF HUNTSVILLE EMPLOYEE**

WHEREAS, travel expenses to be advanced to an employee of the City of Huntsville, Alabama are presented for approval, pursuant to Section 22.14(C) of Ordinance Number 14-525.

NAME OF CITY EMPLOYEE: Staunchis Williams, Fire Investigator
Huntsville Fire and Rescue

AMOUNT OF ESTIMATED TRAVEL EXPENSES:

Misc, etc.	\$300.48
TOTAL	<u>\$300.48</u>

PURPOSE AND OBJECT OF TRAVEL: To earn certification and knowledge in Fire Arson Origin and Cause Investigation at the National Fire Academy, February 16, 2015 - February 27, 2015.

WHEREAS, the estimated travel expenses are to be supported by proper documentation, to be reasonable for the purpose and object thereof, taking into account the travel location and destination; and,

WHEREAS, the purpose of the said travel is the improvement or furtherance of the City's goals and its business; and,

WHEREAS, the funds for said travel expenses have been budgeted for the current fiscal year.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Huntsville, Alabama, that the herein above described travel expenses be, and the same are hereby approved.

ADOPTED this the 22nd day of January, 2015.

President of the City Council of
Huntsville, Alabama

APPROVED this the 22nd day of January, 2015.

Mayor of the City of Huntsville,
Alabama

Williams, Stauchis F.

From: netc-admissnotifications <netc-admissnotifications@fema.dhs.gov>
Sent: Thursday, August 07, 2014 7:39 AM
To: Williams, Stauchis F.
Subject: NFA Course Acceptance: R0206

Stauuchis Frank Williams, Jr

Dear Mr. Williams:

Congratulations, you have been accepted for the National Fire Academy class listed below:

- R0206: Fire Arson Origin & Cause Investigation
- 2/16/2015 To 2/27/2015

You should refer to the NETC Welcome Package at

http://www.usfa.fema.gov/downloads/pdf/netc_welcome_package.pdf. This package contains pertinent information about making your travel arrangements, transportation, lodging, reimbursement, food service, and on campus services.

Your travel dates for this course are: February 15, 2015 and February 27, 2015.

You must contact the NETC Transportation Office at (301) 447-1113 at least 2 weeks prior to your course start date if you plan to use the shuttle to NETC. Failure to reserve a seat on the shuttle may result in your having to provide your own transportation to NETC which will be at your own expense.

Airport pickup times for this course are as follows:

- Baltimore/Washington International (BWI) pickup times: 03:00 PM and 07:00 PM (EST)
- Ronald Reagan National Airport (DCA) pickup times: 06:00 PM (EST)
- Dulles International Airport (IAD) pickup times: 05:00 PM (EST)

Please plan to arrive at least 1 hour before the shuttle pickup time stated above.

Campus departure times for this course are as follows:

- Departing for Baltimore/Washington International (BWI): 09:30 AM (EST)
- Departing for Ronald Reagan National Airport (DCA): 09:30 AM (EST)
- Departing for Dulles International Airport (IAD): 09:30 AM (EST)

On the return, you should make your flight 4 hours from the NETC departure time. This will allow 2 hours for transportation to the airport and another 2 hours for airport security.

Your course may have pre-course work that you must complete prior to your attendance at NFA. For additional acceptance information and to check for pre-course requirements, access the NFA website at: <http://www.usfa.dhs.gov/nfa/pre-course>.

Since you have been accepted into a class at NETC, lodging has been reserved for you for 2/15/2015 to 2/27/2015. Check-in time is any time after 2:00 p.m. on your travel day. If you do not need lodging on the NETC campus, please notify the NETC Housing Office at FEMA-NETC-Housing@fema.dhs.gov upon receipt of this email. For further information regarding lodging, please refer to the NETC Welcome Package.

If you are unable to attend this course, please notify the NETC Admissions Office (in writing) prior to the course start date. If you have questions or need further information, please contact the Admissions Office at 301-447-1035 or at NETCAdmissions@fema.dhs.gov.

Jo Ann Boyd
Admissions Specialist
NETC Management Operations and Support Services

FOOD SERVICE

- ▶ The NETC food service contractor is Guest Services and may be contacted at 301-447-1551. If needed, Guest Services' federal tax identification number is 53-0164700.
- ▶ If you stay on campus, you must purchase a meal ticket. **If you do not purchase a meal ticket, you will be asked to vacate your room on campus. You then will be responsible for your off-campus lodging costs, and your request for stipend reimbursement will be denied.**
- ▶ **Prices Effective Aug. 5, 2012:** If you stay off campus, you must purchase a break ticket, currently \$6.00 per day. The cost for the meal ticket is \$25.04 per day — breakfast is \$5.81; lunch is \$7.96; and dinner is \$11.27. There is no tax on the meal ticket. The amounts for five-day, six-day, and two-week courses are:
 - Five-day course: \$125.20 (Sunday evening arrival through Friday lunch).
 - Six-day course: \$167.32 (Saturday evening arrival through Saturday morning departure).
 - Two-week course: \$300.48 (Sunday evening arrival through second Friday lunch).
 - NEA six-day consecutive courses: \$342.60 (Saturday evening arrival through second Saturday morning departure).
 - For any other variation of course days, please contact Guest Services at 301-447-1551.
- ▶ **Meal ticket prices are subject to change and will be updated in this package as the changes are provided.**
- ▶ **Meal amounts for focus groups, conferences or any activity other than a resident course are not provided in this package. Please contact the food service contractor for your meal amount. You may call 301-447-1551 for exact meal ticket prices for conferences, symposiums and any other special groups.**



continued on next page

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION

See Reverse for
Privacy Act Statement

O.M.B. No. 1660-0100
Expires November 30, 2016

SECTION I - GENERAL INFORMATION		1. U.S. Citizen <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT If No, City and Country of Birth: _____	
2. NAME (Last, First, Middle Initial, Suffix) Williams Stauchis F, Jr		3. STUDENT IDENTIFICATION (SID) NUMBER 0000409998	
4. HOME MAILING ADDRESS (Street, avenue, road no, P.O. box/city or town, state, and zip code) 1844 Shellbrook Drive Huntsville, AL 35806		5. WORK PHONE NO. (256) 427-5146 6. HOME PHONE NO. (256) 585-5953 7. FAX NO. (256) 427-5154 8. E-MAIL ADDRESS: stauchis.williams@huntsvilleal.gov	
9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application) R0206 Fire/Arson Origin and Cause Investigation		9b. COURSE LOCATION Emmitsburg, MD NFA	
		9c. DATES REQUESTED (Please give three choices) 2/16-2/27 3/2-3/13	
10. COMPLETE THE ITEMS BELOW REGARDING THE PREREQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING			
INSTITUTION National Fire Academy	DEGREE/CERTIFICATE Certificate	DATE EARNED 2014	COURSE/FIELD OF STUDY ICS 100 and ICS 200
11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, describe & indicate any special assistance required on a separate sheet)			
SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION			
12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED Huntsville Fire & Rescue Bureau of Fire Prevention 320 Fountain Circle, Huntsville, Alabama 35801		12b. NFIRS # (NFA STUDENTS ONLY)	13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION Fire Investigator--1 month
14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION			
14 a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 2. <input type="checkbox"/> COUNTY GOVERNMENT 3. <input checked="" type="checkbox"/> CITY/TOWN/VILLAGE	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 6. <input type="checkbox"/> INDUSTRY/BUSINESS	14 b. ORGANIZATION 1. <input checked="" type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION	15. CURRENT STATUS 1. <input checked="" type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> DISASTER RESERVIST
16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented and indicate your position. If you need more space, please attach a sheet to this application. I am a full time fire investigator for the City of Huntsville, Alabama. I am also responsible for conducting fire/arson and explosion investigations within the City of Huntsville. I am also a member of an arson task force for Madison County			
17. CHECK ONE BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.			
17a. PRIMARY RESPONSIBILITY 1. <input type="checkbox"/> MANAGEMENT 2. <input type="checkbox"/> TRAINING/EDUCATION 3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING 4. <input type="checkbox"/> INVESTIGATION 5. <input checked="" type="checkbox"/> FIRE PREVENTION 6. <input type="checkbox"/> FIRE SUPPRESSION 7. <input type="checkbox"/> PROGRAM/ACTIVITY 8. <input type="checkbox"/> HEALTH 9. <input type="checkbox"/> PUBLIC WORKS 10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY 11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE 12. <input type="checkbox"/> HAZARD MITIGATION 13. <input type="checkbox"/> EMERGENCY PREPAREDNESS 14. <input type="checkbox"/> OTHER (Specify) _____	17b. TYPE OF EXPERIENCE 1. <input type="checkbox"/> INCIDENT COMMAND 2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT 3. <input type="checkbox"/> SUPERVISION 4. <input type="checkbox"/> BUDGET/PLANNING 5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY 6. <input type="checkbox"/> COORDINATION/LIAISON 7. <input type="checkbox"/> PUBLIC EDUCATION 8. <input type="checkbox"/> CODE DEVELOPMENT 9. <input checked="" type="checkbox"/> CODE ENFORCEMENT/INSPECTION 10. <input type="checkbox"/> SUPPORT SERVICES 11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT 12. <input type="checkbox"/> ARSON 13. <input type="checkbox"/> LAW ENFORCEMENT 14. <input type="checkbox"/> DESIGN AND PLANNING 15. <input type="checkbox"/> OTHER (Specify) _____	17c. NUMBER OF YEARS OF EXPERIENCE <u>1 month</u> 17d. SIZE OF DEPARTMENT <u>390</u> 17e. BUSINESS TYPE 1. <input type="checkbox"/> GOVERNMENT 2. <input type="checkbox"/> EDUCATION 3. <input checked="" type="checkbox"/> FIRE SERVICE 4. <input type="checkbox"/> LAW ENFORCEMENT 5. <input type="checkbox"/> VOLUNTEER AGENCY 6. <input type="checkbox"/> EMERGENCY MANAGEMENT 7. <input type="checkbox"/> HEALTH CARE 8. <input type="checkbox"/> PUBLIC WORKS	
18. DATE OF BIRTH 05/03/1986		19. GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
20. RACE (Please check all that apply) 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE 2. <input type="checkbox"/> ASIAN 3. <input checked="" type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER		20a. Ethnicity <input type="checkbox"/> HISPANIC or LATINO <input checked="" type="checkbox"/> NOT HISPANIC or LATINO	

SECTION III - ENDORSEMENT AND CERTIFICATION

21a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).

21b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief or designee.

21c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

21d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC, and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses.

SIGNATURE OF APPLICANT

DATE

08/04/2014

22. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION

"By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."

22a. SIGNATURE

22b. PRINTED NAME AND TITLE

HOWARD McFarlon - Fire Chief

23. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE:

23a. SIGNATURE AND DATE (State Office)

23b. SIGNATURE AND DATE (FEMA Regional Office)

24a. FOR NFA REGIONAL DELIVERY COURSES AND COURSES DELIVERED AT EMMITSBURG, MD. SUBMIT APPLICATION TO:

NATIONAL EMERGENCY TRAINING CENTER
OFFICE OF ADMISSIONS, BLDG. I-216
16825 SOUTH SETON AVENUE
EMMITSBURG, MD. 21727

24b. FOR EMI COURSES DELIVERED AT NETC, MWEOC, OR NTF SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGIONAL TRAINING MANAGER TO NETC.

24c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.

25. DISPOSITION

☐

ACCEPTED

☐

REJECTED

SIGNATURE OF REVIEWER

DATE

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for admission to NFA or EMI.

AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 et seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 et seq.; Title 44 U.S.C., Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES - To determine eligibility for participation in NFA and EMI courses. Information such as age, gender, and ancestral heritage are used for statistical purposes only.

USES - Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring States, local officials, or State agencies to update/evaluate statistics of NFA and EMI participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a voluntary basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1680-0100) NOTE: Do not send your completed form to this address.